

Comptroller of Public Accounts (CPA)
Texas Procurement and Support Services (TPASS)
PO Box 13186; Austin, TX 78711

Certification Information Change Form

Name Change: _____ Agency/Entity Change: _____ Retirement: _____
(If submitting a "Name Change" request, please attached verifying documentation)

Previous:

Name: _____

Agency/Entity Name: _____ # _____

Agency/Entity Address: _____

City/State/Zip: _____

Email Address: _____

Current:

Name: _____

Agency/Entity Name: _____ # _____

Agency/Entity Address: _____

City/State/Zip: _____

Email Address: _____

Current Certification Type(s): CTP [] CTPM [] CTCM [] Certification #(s) _____

Comments: _____

Information collected by the Comptroller of Public Accounts (CPA) is used for maintenance of certification program records. By signing this document, you are verifying the accuracy of the information you provided on this form.

Signature: _____ Date: _____

Please email or fax this information to the TPASS Training and Certification Program.

Email Address: ctp@cpa.state.tx.us

Fax #: (512) 475-0711